

Michigan Department of Natural Resources and Environment Water Resources Division CONSTRUCTION STORM WATER (CSW) OPERATOR AND SOIL EROSION AND SEDIMENT CONTROL (SESC) TRAINING REGISTRATION FORM

AGENCY/COMPANY NAME					
AGENCY/COMPANY CONTACT (If sending more than one	individual,	please identify or	ne person we c	an contact i	if questions arise.)
TELEPHONE NO.	E-MAIL ADDRESS:				
MAILING ADDRESS	CITY		STATE	ZIP	
MAILING ADDICESS	Cirr		SIAIL		
			Comprehe		
Name (Please Print	:)	Date	e Locatio		
	I.		L		
Number of individuals registering for the CSW/SI	ESC Com	prehensive Tr	aining and E	Exam:	x \$225.00 =
PLEASE MAKE CHECKS PAYABLE TO THE S	STATE O	E MICHIC AN		Tota	al fee enclosed: \$

RETURN PAYMENT AND REGISTRATION FORM TO:

MDNRE – Cashier's Office DEQ-WB-SESC PO Box 30657 Lansing, MI 48909-8157

NOTE: Registration form and fee must be received 15 business days prior to the class or exam for processing purposes.